



Complete Summary

GUIDELINE TITLE

Practice guideline for psychiatric evaluation of adults.

BIBLIOGRAPHIC SOURCE(S)

American Psychiatric Association (APA). Practice guideline for psychiatric evaluation of adults. Washington (DC): American Psychiatric Press, Inc; 1995. 28 p. [58 references]

Practice guideline for psychiatric evaluation of adults. American Psychiatric Association (APA). Am J Psychiatry 1995 Nov; 152(11 Suppl):63-80. [58 references] [PubMed](#)

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SCOPE

DISEASE/CONDITION(S)

Psychiatric illness

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Neurology
Psychiatry

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

- To assist physicians in clinical decision making
- To assist psychiatrists with making accurate and effective psychiatric evaluations and treatment plans

TARGET POPULATION

Adult patients, age 18 or older, although sections of the guideline may be applicable to younger patients.

INTERVENTIONS AND PRACTICES CONSIDERED

Psychiatric evaluation, including general, emergency and consultation evaluations for clinical purposes.

Other psychiatric evaluations (including forensic, child custody, and disability evaluations) are not the focus of this guideline.

MAJOR OUTCOMES CONSIDERED

Psychiatric evaluation and diagnoses

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Two types of literature were reviewed. Major texts published since 1983 on general psychiatry or psychiatric evaluation were identified by using the card catalogue at a medical school library. Primary sources and major review articles were identified by using MEDLINE (1973-1993) and PsycLIT (1987-1993) and using references given in the texts. Key words for computer searches included the following:

Diagnostic Interview Schedule

and evaluation

Interview-Psychological (including Psychiatric)

and family history

- and adult

- and forensic

- and methods

- and initial

Mental-Disorders-Diagnosis

- and interview

- and physical examination

- and outcome

- and tests

Mental Status Examination

Psychiatric-status-rating scales

Psychiatric

- and validity

- and admission

Psychological

- and discharge

- and evaluation

- and emergency

- and interview

The literature search was augmented by numerous references suggested by reviewers. It showed a predominance of expert opinion and psychometric studies of specific tests, with a small number of studies linking the evaluation process to clinical outcome.

NUMBER OF SOURCE DOCUMENTS

58 source documents

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Once a topic is chosen for guideline development, a work group is formed to draft the guideline. By design, the work group consists of psychiatrists in active clinical practice with diverse expertise and practice experience relevant to the topic. Policies established by the Steering Committee guide the work of systematically reviewing data in the literature and forging consensus on the implications of those data, as well as describing a clinical consensus. These policies, in turn, stem from criteria formulated by the American Medical Association to promote the development of guidelines that have a strong evidence base and that make optimal use of clinical consensus.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline is written in successive drafts, each draft being revised based on comments received from an increasing number of people: early drafts are sent to the Steering Committee and about 50 expert reviewers; later drafts are sent to

members of the Assembly, the District Branches, the Board of Trustees, and other APA components. Drafts are available to all APA members by request through their District Branches. In addition, individual experts who are not APA members along with relevant professional, scientific, and patient organizations are asked to review the drafts. The development process for this guideline included comments from 32 organizations and over 106 individuals. Once all comments have been considered, a final draft is sent to the Assembly and Board of Trustees for approval. Thus, each guideline is reviewed by hundreds of psychiatrists and other interested parties prior to publication.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the American Psychiatric Association (APA): The following summary is intended to provide an overview of the organization and scope of recommendations in this practice guideline. The psychiatric evaluation of patients requires the consideration of many factors and cannot adequately be reviewed in a brief summary. The reader is encouraged to consult the relevant portions of the full-text guideline when specific recommendations are sought. This summary is not intended to stand by itself.

The guideline focuses on the purpose, site, domains, and process of clinical psychiatric evaluations. General psychiatric evaluations, emergency evaluations, and clinical consultations, conducted in inpatient, outpatient, and other settings, are discussed. The domains of these evaluations include the reason for the evaluation, history of the present illness, past psychiatric history, general medical history, psychosocial/developmental history (personal history), social history, occupational history, family history, review of systems, physical examination, mental status examination, functional assessment, diagnostic tests, and information derived from the interview process.

Processes by which information is obtained and integrated to address the aims of the evaluation are described. Methods of obtaining information discussed include the patient interview; use of collateral sources; use of structured interviews, questionnaires, and rating scales; use of diagnostic, including psychological and neuropsychological, tests; use of the multidisciplinary team; examination under medication and/or restraint; and the physical examination. The process of assessment includes diagnosis and case formulation, formulation of the initial treatment plan, decisions regarding treatment-related legal and administrative issues, addressing of systems issues, and consideration for sociocultural diversity.

Other special considerations discussed include interactions with third-party payers, privacy and confidentiality, legal and administrative issues in institutions, and evaluation of elderly persons.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The following coding system is used to indicate the nature of the supporting evidence in the summary recommendations and references:

[A] Randomized clinical trial. A study of an intervention in which subjects are prospectively followed over time; there are treatment and control groups; subjects are randomly assigned to the two groups; both the subjects and the investigators are blind to the assignments.

[B] Clinical trial. A prospective study in which an intervention is made and the results of that intervention are tracked longitudinally; study does not meet standards for a randomized clinical trial.

[C] Cohort or longitudinal study. A study in which subjects are prospectively followed over time without any specific intervention.

[D] Case-control study. A study in which a group of patients is identified in the present and information about them is pursued retrospectively or backward in time.

[E] Review with secondary data analysis. A structured analytic review of existing data, e.g., a meta-analysis or a decision analysis.

[F] Review. A qualitative review and discussion of previously published literature without a quantitative synthesis of the data.

[G] Other. Textbooks, expert opinion, case reports, and other reports not included above.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Improved patient care
- Education of psychiatrists, other medical and mental health professionals, and the general public about appropriate and inappropriate treatments
- Contribution to the credibility of the psychiatric field

POTENTIAL HARMS

None stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns evolve. These parameters of practice should be considered guidelines only. Adherence to them will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgment regarding a particular clinical procedure or treatment course must be made by the psychiatrist in light of the clinical data presented by the patient and the diagnostic and treatment options available.
2. This practice guideline has been developed by psychiatrists who are in active clinical practice. In addition, some contributors are primarily involved in research or other academic endeavors. It is possible that through such activities many contributors have received income related to treatments discussed in this guideline. A number of mechanisms are in place to minimize the potential for producing biased recommendations due to conflicts of interest. The guideline has been extensively reviewed by members of APA as well as by representatives from related fields. Contributors and reviewers have all been asked to base their recommendations on an objective evaluation of the available evidence. Any contributor or reviewer who believes that he or she has a conflict of interest that may bias (or appear to bias) his or her work has been asked to notify the APA Office of Research. This potential bias is then discussed with the work group chair and the chair of the Steering Committee on Practice Guidelines. Further action depends on the assessment of the potential bias.
3. While there is broad agreement that each element of the extensive general evaluation described in the guideline may be relevant or even crucial in a particular case, the specific emphasis of a given evaluation will vary according to its purpose and the problem presented by the patient. Consideration of the domains outlined in this guideline is part of a general psychiatric evaluation, but the content, process, and documentation must be determined by applying the professional skill and judgment of the psychiatrist. The performance of a particular set of clinical procedures does not assure the adequacy of a psychiatric evaluation, nor does their omission imply that the evaluation is deficient. The particular emphasis or modifications applied by the psychiatrist to the generic evaluation offered in this guideline should be consonant with the aims of the evaluation, the setting of practice, the patient's presenting problem, and the ever-evolving knowledge base concerning clinical assessment and clinical inference. It is important to emphasize that the scope and detail of clinically appropriate documentation also will vary with the patient, setting, clinical situation, and confidentiality issues. Because of the great variation in these factors, this guideline does not include recommendations regarding the content or frequency of documentation. These determinations must be based on the specific circumstances of the evaluation.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The American Psychiatric Association develops derivative products including patient guides, quick reference guides, and quality of care indicators with research studies to evaluate the effectiveness of the guideline.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1995 (reviewed 2001)

GUIDELINE DEVELOPER(S)

American Psychiatric Association - Medical Specialty Society

SOURCE(S) OF FUNDING

American Psychiatric Association (APA)

GUIDELINE COMMITTEE

Work Group on Psychiatric Evaluation of Adults

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Names of Work Group Members: Barry S. Fogel, M.D., Co-Chair; Ronald Shellow, M.D., Co-Chair; Renee Binder, M.D.; Jack Bonner III, M.D.; Leah Dickstein, M.D.; Gerald Flamm, M.D.; Marc Galanter, M.D.; Anthony Lehman, M.D.; Francis Lu, M.D.; Michael Popkin, M.D.; George Wilson, M.D.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

This practice guideline has been developed by psychiatrists who are in active clinical practice. In addition, some contributors are primarily involved in research or other academic endeavors. It is possible that through such activities many contributors have received income related to treatments discussed in this guideline. A number of mechanisms are in place to minimize the potential for producing biased recommendations due to conflicts of interest. The guideline has been extensively reviewed by members of American Psychiatric Association (APA) as well as by representatives from related fields. Contributors and reviewers have all been asked to base their recommendations on an objective evaluation of the available evidence. Any contributor or reviewer who believes that he or she has a conflict of interest that may bias (or appear to bias) his or her work has been asked to notify the APA Office of Research. This potential bias is then discussed with the work group chair and the chair of the Steering Committee on Practice Guidelines. Further action depends on the assessment of the potential bias.

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline is still considered to be current as of December 2001, based on a review of literature published since the original guideline publication.

GUIDELINE AVAILABILITY

Electronic copies: Available at the [American Psychiatric Association \(APA\) Web site](#).

Print copies: Available from the American Psychiatric Press, Inc (APPI), 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901; (703) 907-7322; (800) 368-5777; Fax (703) 907-1091.

Ordering Information:

1993/38 pages/ISBN 0-89042-300-8/paperback/\$22.50/ Order No. #2300.
Ordering information is also available online at the APPI Web site, www.appi.org.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

American Psychiatric Association practice guideline development process. In: Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2000. Washington, DC: APA, 2000.

Print copies: Available from the American Psychiatric Press, Inc (APPI), 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901; (703) 907-7322; (800) 368-5777; Fax (703) 907-1091.

Ordering Information:

- 2000/768 pages/ISBN 0-89042-315-6/paperback/ \$49.95/Order #2315
- 2000/768 pages/ISBN 0-89042-312-1/hardcover/ \$64.95/Order #2312

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 1, 1998. The information was verified by the guideline developer on January 11, 1999.

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